

## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	STABLE RADIOPHARMACEUTICAL COMPOSITIONS AND METHODS FOR PREPARATION
Attorney Docket Number::	57637-1062
Request For Early Publication?::	
Request For Non-Publication?::	
Suggested Drawing Figure::	
Total Drawings Sheets::	11
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

**APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	China
Status::	Full Capacity
Given Name::	Jianqing
Family Name::	Chen
Name Suffix::	
City of Residence::	Bordentown
State or Province of Residence::	NJ
Country of Residence::	United States
Street of Mailing Address::	38 Sagamore Lane
City of Mailing Address::	Bordentown
State or Province of Mailing Address::	NJ
Postal or Zip Code of Mailing Address::	08505

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Karen E.
Family Name::	Linder
Name Suffix::	
City of Residence::	Kingston
State or Province of Residence::	NJ
Country of Residence::	Untied States
Street of Mailing Address::	14 Basin Street
City of Mailing Address::	Kingston
State or Province of Mailing Address::	NJ
Postal or Zip Code of Mailing Address::	08528

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Edmund R.
Family Name::	Marinelli
Name Suffix::	
City of Residence::	Lawrenceville
State or Province of Residence::	NJ
Country of Residence::	Untied States
Street of Mailing Address::	121 Altamawr Avenue
City of Mailing Address::	Lawrenceville
State or Province of Mailing Address::	NJ
Postal or Zip Code of Mailing Address::	08648

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Edmund
Family Name::	Metcalfe
Name Suffix::	
City of Residence::	Kingston
State or Province of Residence::	NJ
Country of Residence::	Untied States
Street of Mailing Address::	3 Laurel Avenue
City of Mailing Address::	Kingston
State or Province of Mailing Address::	NJ
Postal or Zip Code of Mailing Address::	08528

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Great Britain
Status::	Full Capacity
Given Name::	Adrian
Family Name::	Nunn
Name Suffix::	
City of Residence::	Lamberville
State or Province of Residence::	NJ
Country of Residence::	Untied States
Street of Mailing Address::	33 Mill Road
City of Mailing Address::	Lamberville
State or Province of Mailing Address::	NJ
Postal or Zip Code of Mailing Address::	08530

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Rolf E.
Family Name::	Swenson
Name Suffix::	
City of Residence::	Princeton
State or Province of Residence::	NJ
Country of Residence::	Untied States
Street of Mailing Address::	35 Fieldston Road
City of Mailing Address::	Princeton
State or Province of Mailing Address::	NJ
Postal or Zip Code of Mailing Address::	08540

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Michael
Family Name::	Tweedle
Name Suffix::	
City of Residence::	Princeton
State or Province of Residence::	NJ
Country of Residence::	Untied States
Street of Mailing Address::	72 Library Place
City of Mailing Address::	Princeton
State or Province of Mailing Address::	NJ
Postal or Zip Code of Mailing Address::	08540

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number::	35743
Phone Number::	212-715-9100
Fax Number::	212-715-8000

**REPRESENTATIVE INFORMATION**

Representative Customer Number::	35743
----------------------------------	-------

**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/023930	07/23/04
PCT/US2004/023930	An application claiming benefit under 35 USC 119(e)	60/489,850	07/24/03

**FOREIGN PRIORITY INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed::

### ASSIGNEE INFORMATION

Assignee Name::	Bracco Imaging S.p.A.
Street of Mailing Address::	Via Egidio Folli 50
City of Mailing Address::	Milan
State or Province of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	20134